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CONFIRMATION NO. 6377

|   |   |                               |   |                                    |
|---|---|-------------------------------|---|------------------------------------|
| SERIAL NUMBER<br>10/824,149   | FILING DATE<br>04/14/2004<br><br>RULE   | CLASS<br>313                  | GROUP ART UNIT<br>2879  | ATTORNEY DOCKET NO.<br>250122-1480 |
| <b>APPLICANTS</b><br>Yao-Ching Su, Taoyuan City, TAIWAN;<br>Wen-Fa Sung, Hsihchu, TAIWAN;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 92130002 10/29/2003 BW   |   |                               |   |                                    |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br><b>** 06/24/2004</b>   |   |                               |   |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>BW</u> Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>13   | TOTAL<br>CLAIMS<br>20              |
|   |   |                               | INDEPENDENT<br>CLAIMS<br>4  |                                    |
| <b>ADDRESS</b><br>24504<br>THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP<br>100 GALLERIA PARKWAY, NW<br>STE 1750<br>ATLANTA, GA<br>30339-5948   |   |                               |   |                                    |
| <b>TITLE</b><br>Plasma display panel  |   |                               |   |                                    |
| FILING FEE<br><br>RECEIVED<br>856   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                    |